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# INFORMATION DISCLOSURE STATEMENT BY APPLICANT

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## Complete if Known

|                        |                   |
|------------------------|-------------------|
| Application Number     | 10/581,571        |
| Filing Date            | July 13, 2007     |
| First Named Inventor   | Prestwich et al.  |
| Art Unit               | 1623              |
| Confirmation No.       | 6987              |
| Examiner Name          | Goon, Scarlett Y. |
| Attorney Docket Number | 67934-8006.US00   |

Sheet 1 of 4

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| Examiner Initials* | Cite No. <sup>1</sup> | Document Number                          | Publication Date<br>MM-DD-YYYY | Name of Patentee or<br>Applicant of Cited Document | Pages, Columns, Lines, Where Relevant<br>Passages or Relevant<br>Figures Appear |
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|                    |                       | Number-Kind Code <sup>2</sup> (if known) |                                |  |   |
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Change(s) applied  
to document  
/A.J.P./  
3/29/2011

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| Examiner Initials* | Cite No. <sup>1</sup> | Foreign Patent Document   | Publication Date<br>MM-DD-YYYY | Name of Patentee or<br>Applicant of Cited Document | Pages, Columns, Lines, Where Relevant<br>Passages or Relevant<br>Figures Appear | T <sup>2</sup> |
|--------------------|-----------------------|---|--------------------------------|--|---|----------------|
|                    |                       | Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> (if known) |                                |  |   |                |
|                    | 31.                   | EP-0 045 665-B1   | 09-04-1985                     | Szelke <i>et al.</i>                               |   |                |

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|--------------------|--|-----------------|--|
| Examiner Signature |  | Date Considered |  |
|--------------------|--|-----------------|--|

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>Applicant is to place a check mark here if English language Translation is attached.

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ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /S.G./